

## CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS

(FOR USE BY SPECIAL GOVERNMENT EMPLOYEES)

PART I - TO BE COMPLETED BY EMPLOYING ORGANIZATION (Organization completes Parts III & IV after appointee completes Part II)

NAME (Last, First, Initial)		BIRTH DATE (Month, Day, Year)	
ORGANIZATION LOCATION (Principal Operating Component, Bureau, Division)		PERIOD OF APPOINTMENT IN THIS PRINCIPAL OPERATING COMPONENT FROM: TO:	EST. NO. DAYS SERVICE TO BE PERFORMED

## PART II - TO BE COMPLETED BY APPOINTEE

**Information to Appointee:** Completion of this form is required for all experts and consultants and for other persons who work 130 days or less a year identified by the head of the principal operating component. The information to be furnished on this form is required by Executive Order 11222 and the regulations issued thereunder. The information you disclose will be used to determine whether a conflict exists between your employment and financial interests and the performance of your services for the Government. This information will be held in confidence and will not be disclosed except as the Chairman of the Civil Service Commission or the head of the principal operating component or designee may determine for good cause shown. The information may be used: 1) by a Federal, state or local agency when there is an indication of a violation or potential violation of law; b) by a Federal agency in deciding on the hiring or retention of an employee or other benefit; or c) for other routine uses published in accordance with 5 USC 552a. Unless you provide the information requested on this form, the organization will not be able to utilize your services.

*Information is not required relating to an employee's connection with, or interest in, a professional society or a charitable, religious, social, fraternal, recreational, public service, civic, or political organization or any similar organization not conducted as a business enterprise and which is not engaged in the ownership or conduct of a business enterprise. Educational and other institutions doing research and development or related work involving grants from or contracts with the Government are deemed to be 'business enterprises' for purposes of this report and should be included.*

**FEDERAL GOVERNMENT EMPLOYMENT** - List all other Federal agencies and other organizational elements of this Department in which you are presently employed. Please specify the organization in as much detail as possible, IF NONE, WRITE "NONE."

AGENCY OR HEW ORGANIZATION	LOCATION <i>(Street, City, State)</i>	TITLE OR KIND OF POSITION	APPOINTMENT PERIOD		EST. NO. OF DAYS
			FROM	TO	

**NON-FEDERAL EMPLOYMENT** - List all corporations, companies, firms, state or local government organizations, research organizations, and educational and other institutions, domestic or foreign, in which you are serving as employee, officer, member, owner, trustee, director, expert, advisor, or consultant, with or without compensation, including on a part-time or seasonal basis. IF NONE, WRITE "NONE."

NAME AND LOCATION OF ORGANIZATION (City and State)	KIND OF ORGANIZATION (e.g., Manufacturing , research, insurance)	TITLE OR KIND OF POSITION

**FINANCIAL INTERESTS** - List all organizations in which you, your spouse, minor child, partner, or an organization with which you are connected have financial interests which relate directly or indirectly to your consultancy duties. IF NONE, WRITE "NONE."

NAME OF ORGANIZATION	KIND OF ORGANIZATION (Manufacturing, storage, public utilities, etc.)	NATURE OF INTEREST AND IN WHOSE NAME HELD

**I CERTIFY** that the statements I have made are true, complete, and correct to the best of my knowledge and belief. **I UNDERSTAND** that if, during the period of my appointment, I undertake a new employment I must promptly file an amended statement, and I must report any new financial interest acquired during this period if related directly or indirectly to my consultancy duties.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

**PART III - TO BE COMPLETED BY EMPLOYING ORGANIZATION**

<p><b>A. ESTIMATED NO. OF DAYS ON WHICH SERVICES ARE TO BE PERFORMED DURING REMAINING PORTION OF THE APPLICABLE 365 DAY PERIOD (see FPM 735-C-2, para.d):</b></p> <p>____ (1) With this principal operating component</p> <p>____ (2) With other HEW components</p> <p>____ (3) With other Federal agencies</p> <p>____ SUM OF (1), (2) and (3) ABOVE</p>	<p><b>B. NUMBER OF DAYS ALREADY WORKED DURING THE APPLICABLE 365 DAY PERIOD:</b></p> <p>____ (1) For HEW</p> <p>____ (2) For other Federal agencies</p> <p>____ SUM OF (1) and (2) ABOVE</p>
<p><b>C. TOTAL NUMBER OF DAYS</b></p> <p>(SUM OF A AND B ABOVE): _____</p>	<p><b>D. FOR APPLICABILITY OF CONFLICT OF INTEREST STATUTES (see FPM 735-C), APPOINTEE IS DESIGNATED AS A:</b></p> <p><input type="checkbox"/> SPECIAL GOVERNMENT EMPLOYEE</p> <p><input type="checkbox"/> REGULAR GOVERNMENT EMPLOYEE</p>

**PART IV - REVIEWED BY EMPLOYING ORGANIZATION**

See Department Regulations on Standards of Conduct, especially Sec. 73.735-1203(d).

NAME	DATE	REMARKS
		<input type="checkbox"/> NO CONFLICT NOTED <input type="checkbox"/> SEE ATTACHED
		<input type="checkbox"/> NO CONFLICT NOTED <input type="checkbox"/> SEE ATTACHED
		<input type="checkbox"/> NO CONFLICT NOTED <input type="checkbox"/> SEE ATTACHED